

Please type a plus sign (+) inside this box →

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
submitted
with Initial
Filing

☐ Declaration
Submitted after Initial
Filing (surcharge
37 CFR 1.16 (e))
required)

Attorney Docket Number

PC10805AJTJ

First Named Inventor

William J. Curatolo

COMPLETE IF KNOWN

Application Number

To Be Assigned

Filing Date

Herewith

Group Art Unit

To Be Assigned

Examiner Name

To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Increasing The Bioavailability and Tissue Penetration of Azithromycin

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/184,273	February 23, 2000	

EXPRESS MAIL NO. 5272781939 US
[Page 1 of 3]

DECLARATION - POA FOR UTILITY OR DESIGN, PTO SB 01, 12/99

Please type a plus sign (+) inside this box →

+

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number

Parent Filing Date
(MM/DD/YYYY)Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Lawrence C. Akers	28,587
Allen J. Spiegel	25,749	A. Dean Olson	31,185
Paul H. Ginsburg	28,718	Mervin E. Brokke	32,723
J. Trevor Lumb	28,567	Valerie M. Fedowich	33,688
James T. Jones	30,561	Bryan C. Zielinski	34,462
Gregg C. Benson	30,997	Robert T. Ronau	36,257
Robert F. Sheyka	31,304	B. Timothy Creagan	39,156
Grover F. Fuller Jr.	31,760	Alan L. Koller	37,371
Karen DeBenedictis	32,977	Jolene W. Appleman	35,428
Lorraine B. Ling	35,251	Kristina L. Konstas	37,864
Garth Butterfield	36,997	Seth H. Jacobs	32,140
Carl J. Goddard	39,203	Martha A. Gammill	31,820
Raymond M. Speer	26,810	Gregory P. Raymer	36,647
Jennifer A. Kispert	40,049	E. Victor Donahue	35,492
Israel Nissenbaum	27,582	Todd M. Crissey	37,807
Deborah A. Martin	44,222	Roy F. Waldron	42,208
A. David Joran	37,858	Adrian G. Looney	41,406
Elsa Djuardi	45,963	Jeffrey N. Myers	41,213
Gabriel L. Kleiman	40,681	Michelle A. Sherwood	36,271
Arlene K. Musser	37,895		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

William J.

Curatolo

Inventor's Signature

William J. Curatolo

Date

Feb. 13, 2001

Residence: City

Niantic

State

CT

Country

USA

Citizenship

USA

Post Office Address

18 Patrick Place

Post Office Address

same

City

Niantic

State

CT

Zip

06357

Country

USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☐

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
George				Foulds			
Inventor's Signature		<i>George Hemmery Foulds</i>				Date	
Residence: City		Chester	State	CT	Country	USA	Citizenship
Post Office Address		195 West Main St					
Post Office Address		same					
City		Chester	State	CT	Zip	06412	Country
						USA	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		Zip		Country

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		Zip		Country

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		Zip		Country